100										
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)					Complete if Known					
FEE TRANSMITTAL					cation Number					
For FY 2009					Date	8/16/2005				
FOF F 1 2009					Named Inventor		Rijn			
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Ryan J. Walters					
				Art U		3726				
TOTAL AMOUNT OF PAYMENT (\$) 490.00				Attorr	ney Docket	0470 - 04	48023			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Credit any overpayments										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
FILING FEES SEARCH F										
Small Entity Application Type Fee (\$) Fee (\$) Fe				Entity Small Entity e (\$) Fee (\$) Fee (\$)				Fees Paid (S)		
Utility	330	82		270	220	110		7.00.2		
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0				
2. EXCESS CLAIM FEES									Small Entity	
Fee Description								Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)								52	26	
Each independent claim over 3 (including Reissues)								220	110	
Multiple dependent claims				_				390	195	
Total Claims	- 20 or HP 28 =	Extra Claims	x 0	<u>.</u>	Fee Paid (\$)		<u>n</u>	Fee (\$)	Pendent Claims Fee Paid (\$)	
HP = highest numbe	r of total claims paid f	or, if greater than						<u>ree (3)</u>	ree raid (3)	
Indep. Claims	- 3 or HP	Extra Claims		(S)	Fee Paid (\$)		_			
l -	4 =	0	x 0	=	0					
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.										
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S)									Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extension of Time Fee									490.00	
	ate ming surcharge): Extension of	inic ree	==				==	490.00	
SUBMITTED BY		/- /	7	7						
Signature Nul American Registration No. (Attorney/Agent) 22,132 Telephone 412-471-8815										
Name (Print/Type	e) William H	Loculos					Date	Septem	ber 16, 2009	